

BayArea Compliance LLC 1545 N Texas St. Suite 200 Fairfield, CA 94533

Business License: 2300 0806

## **Employee Application Form**

<u>Perso</u>	nal Information:		
Full N	ame:		
Prefer	rred Name/Nickname:		
Email	Address:		
Conta	ct Number:		
Addre	988:		
City: _	S	State/Province:	
Zip/Po	ostal Code:	Country:	
Positi	on Applied For: on/Designation: tment/Team:		
<u>Educa</u>	ation:		
•	High School:		
	$\circ$ Graduated: Yes $\Box$ / No $\Box$		
•	College/University:		
	o Degree:		
	○ Graduated: Yes □ / No □		
Emplo	oyment History:		
•	Current Employer:		
	Position:		



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o Dates of Employment:			
Previous Employer:			
o Position:			
Dates of Employment:			
Work Schedule Preferences:			
Are you available for Day Shift? - 9:30 AM to 6:00 PM Yes $\square$ / No $\square$			
Are you available for Night Shift? - 6:00 PM to 10:00PM Yes $\square$ / No $\square$			
Full-Time □ / Part-Time □			
Flexibility/Additional Notes:			
Health Information:			
Allergies:			
<ul> <li>Do you have any allergies? Yes / No</li> <li>If yes, please specify:</li> </ul>			
Requirements (If Hired):			
<ul> <li>Are you able to wear PPE (Personal Protective Equipment)?</li> </ul>			
Yes / No			



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Do you have work jeans that fit properly?
Yes / No
<ul> <li>Do you have work clothes that fit properly and sufficient for warehouse environment?</li> <li>Yes / No</li> </ul>
Do you have closed toed shoes for work?
Yes / No
Acknowledgment:
I, [], certify that the information provided in this application is true and complete to the best of my knowledge.
I understand that any false information may disqualify me from employment or result in termination if hired.
Signature: Date: